**APPLICATION FOR INTERNSHIP**

** SOCIAL WORK PROGRAM**

**DEPARTMENT OF HUMAN RESOURCES**

**EAST CENTRAL UNIVERSITY**

This completed application initiates the internship planning process in the semester prior to the internship semester.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | ECU ID# |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mailing Address |  | | Home Phone | |  |  |
| Street or P.O. Box | | | | | |
|  | |  | |  | | |
| City | | State | | Zip | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ECU E-Mail Address: |  | Cell Phone |  |  |
| Personal E-Mail Address: |  |  |  |  |

|  |  |
| --- | --- |
| Anticipated Semester of Internship – (Check One)  Fall  Spring |  |
|  | (Year) |

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|  |
| --- |
| **Is current degree check attached to application?**  Yes  No |

|  |  |
| --- | --- |
| Social Work Advisor |  |

Student is requesting a spilt placement?  Yes  No

Student is currently enrolled in CWPEP?  Yes  No

|  |  |
| --- | --- |
| Will all course requirements (except Internship and the Integrative Seminar) for the Social Work major | |
| be completed at the end of the current semester?  Yes  No | |
| Minor |  |

|  |
| --- |
| Will minor requirements be fulfilled after this current semester?  Yes  No |
|  |

Insofar as possible and feasible, the Program will attempt to accommodate the student’s first, second, or third choice of field of practice (e.g., aging, child welfare, hospice, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1st choice |  | Geographic  Location |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd choice |  | Geographic  Location |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3rd choice |  | Geographic  Location |  |

|  |
| --- |
| Other related information (any special circumstances that would influence your placement e.g., mental health wellness, family obligations, criminal history, medications, etc.) |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature |  | Date |  |

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|  |  |
| --- | --- |
| Date application and degree check received |  |

|  |  |
| --- | --- |
| Number of hours completed at end of current term |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Retention G.P.A. |  | Program G.P.A. |  | “C” Requirement met? Yes |  | No |  |

Completion of all required courses:  Yes  No

Recommendation for Internship by Social Work faculty:

Approved  Approved with concerns  Denied

|  |  |
| --- | --- |
| Faculty concerns: |  |
| Reason for denial: |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| Meeting with Applicant: |  | | |
| Any special circumstance that would influence the internship placement? | | Yes | No |
| Plan for Addressing: | | | |
| Student Performance Issues Identified by Faculty and Discussed | | Yes | No |
| If yes, what is the nature of the issues of concern? | | | |
| Plan for addressing Performance Issues: | | | |

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|  |
| --- |
| **Meeting of Social Work Faculty for formal consideration of the application.** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Approved | | |  | | | | Application Denied: | |  |
| Decision Date: |  | | | | | | Date Letter Sent: |  | |
| Copy to Student | |  | | Date |  |